
State of Washington

**Behavioral Risk Factor Surveillance System
Questionnaire
1995**

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and health Promotion
Office of Surveillance and Analysis
Behavioral Surveillance Branch

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Washington State Department of Health
Center for Health Statistics

Behavioral Risk Factor Surveillance System
1995 Questionnaire

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1995 WASHINGTON Behavioral Risk Factor Questionnaire

Section 1: Health Status

This interview will only take a short time, and all the information obtained in this study will be confidential. IF NEEDED: Your name will not be used, but your responses will be grouped together with information from others participating in this study.

1. Would you say that in general your health is: . . . READ 1-5 33
1.5

Excellent	1
Very good	2
Good	3
Fair	4
Or poor	5
<hr style="border-top: 1px dashed black;"/>	
Don't know/Not Sure	6(7)
Refused	7(9)

2. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? 34-35
1.8(2)

Number of days:	
None	88
Don't know/Not sure	77
Refused	99

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 36-37
1.12(2)

DAYS:	
None	88
Don't know/Not sure	77
Refused	99

If Q. 2 also "None," Go to Q. 5 < -----

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? 38-39
1.16(2)

DAYS:	
None	88
Don't know/Not sure	77
Refused	99

SECTION 2 - HEALTH CARE ACCESS

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? 40
1.18
- | | | | |
|-------------------|---------------------|---|--|
| Go to Q. 7< ----- | Yes | 1 | |
| | No | 2 | |
| Go to Q. 7< ----- | Don't know/Not sure | 7 | |
| Go to Q. 7< ----- | Refused | 9 | |
6. About how long has it been since you had health care coverage? READ 1-5 ONLY IF NECESSARY 41
1.19
- | | | | |
|--|--|------|--|
| Within the past 6 months (1 to 6 months ago) | | 1 | |
| Within the past year (6 to 12 months ago) | | 2 | |
| Within the past 2 years (1 to 2 years ago) | | 3 | |
| Within the past 5 years (2 to 5 years ago) | | 4 | |
| 5 or more years ago | | 5 | |
| | | | |
| Never | | 6(8) | |
| Don't know/Not sure | | 7 | |
| Refused | | 8(9) | |
7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? 42
1.20
- | | | | |
|--|---------------------|------|--|
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 3(7) | |
| | Refused | 4(9) | |
8. About how long has it been since you last visited a doctor for a routine checkup? READ 1-4 ONLY IF NECESSARY 43
1.21
- | | | | |
|--|--|-------|--|
| Within the past year (1 to 12 months ago) | | 1 | |
| Within the past 2 years (1 to 2 years ago) | | 2 | |
| Within the past 5 years (2 to 5 years ago) | | 3 | |
| 5 or more years ago | | 4 | |
| | | | |
| Never | | 5 (8) | |
| Don't know/Not sure | | 6 (7) | |
| Refused | | 7 (9) | |

SECTION 3: HYPERTENSION

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? READ 1-5 ONLY IF NECESSARY

44
1.22

Within the past 6 months (1 to 6 months ago)	1
Within the past year (6 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
Within the past 5 years (2 to 5 years ago)	4
5 or more years ago	5

Go to Q.12 < -----	Never	6 (8)
	Don't know/Not sure	7
	Refused	8 (9)

10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

45

	Yes	1
Go to Q. 12 < -----	No	2
Go to Q. 12 < -----	Don't know/Not sure	3 (7)
Go to Q. 12 < -----	Refused	4 (9)

1.23

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

46

More than once	1
Only once	2
Don't know/Not sure	3 (7)
Refused	4 (9)

1.24

SECTION 4: CHOLESTEROL

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

47

	Yes	1
Go to Q. 15 < -----	No	2
Go to Q. 15 < -----	Don't know/Not sure	3 (7)
Go to Q. 15 < -----	Refused	4 (9)

1.25

13. About how long has it been since you last had your blood cholesterol checked? READ 1-4 ONLY IF NECESSARY

48

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4

1.26

Don't know/Not sure	5 (7)
Refused	6 (9)

14.	Have you ever been told by a doctor or other health professional that your blood cholesterol is high?		49
	Yes	1	1.27
	No	2	
	Don't know/Not sure	3 (7)	
	Refused	4 (9)	

SECTION 5: DIABETES

15.	Have you ever been told by a doctor that you have diabetes? If YES AND FEMALE, ASK: "Was this only when you were pregnant?"		50
	CONTINUE <-----Yes	1	1.28
	Yes, but female told only during pregnancy	2	
	SKIP TO Q.30<-----No	3	
	Don't know/Not sure	4 (7)	
	Refused	5 (9)	
16.	How old were you when you were told you have diabetes?		275-276 1.31(2)
	Code age in years [76=76 and older]		

	Don't know/Not sure	77	
	Refused	99	
17.	Are you now taking insulin?		277
	Yes	1	1.33
	GO TO Q.20 <-----No	2	
	GO TO Q.20 <-----Refused	3(9)	
18.	Currently, about how often do you use insulin?		278-280 1.35(3)
	Use insulin pump	333	
	Don't know/Not sure	777	
	Refused	999	
19.	ENTER CODE		
	Times per day	1	1.38
	Times per week	2	
20.	About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.281-283		1.40(3)
	Never	888	
	Don't know/Not sure	777	
	Refused	999	

21. ENTER CODE	Times per day	1	1.43
	Times per week	2	
	Times per month	3	
	Times per year	4	

22. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?			284
	Yes	1	1.44
	No	2	
	Don't know/Not sure	3 (7)	
	Refused	4 (9)	

23. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?		285-286	1.47(2)
GO TO Q.26 <-----	None	88	
GO TO Q. 26 <-----	Don't know/Not sure	77	
GO TO Q.26 <-----	Refused	99	

IF CODE 2-4, Q.22, SKIP TO Q.25

24. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?			287 1.52
	None	8	
	Don't know/Not sure	7	
	Refused	9	

25. About how many times in the last year has a health professional checked your feet for any sores or irritations?			288 1.56
	None	8	
	Don't know/Not sure	7	
	Refused	9	

26. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. READ 1-5 ONLY IF NECESSARY			289
	Within the past month (0 to 1 month ago)	1	1.57
	Within the past year (1 to 12 months ago)	2	
	Within the past 2 years (1 to 2 years ago)	3	
	2 or more years ago	4	
	Never	5 (8)	
	Don't know/Not sure	6 (7)	
	Refused	7 (9)	

27-29. BLANK

SECTION 6: Injury Control

30. How often do you use seatbelts when you drive or ride in a car? Would you say. . . 51
READ 1-5 1.61

Always	1
Nearly Always	2
Sometimes	3
Seldom	4
Or never	5

Never drive or ride in a car	6 (8)
Don't know/Not sure	7
Refused	8 (9)

. What is the age of the oldest child in your household under the age of 16? 1 = 1 YEAR OR LESS 1.64(2)

Go to Q.36 <-----	No children under age 16	88
	Don't know/Not sure	77
	Refused	99

32/33. How often does the (COMPUTER WILL RESTORE AGE)-year-old child in your household use a (IF UNDER 5: car safety seat)/(IF 5 OR OLDER: seatbelt) when they ride in a car? Would you say. . .READ 1-5 54
1.68

34.

Always	1
Nearly Always	2
Sometimes	3
Seldom	4
Or never	5

Never rides in a car	6(8)
Don't know/Not sure	7
Refused	8(9)

IF NO CHILD 5 YEARS OR OLDER, SKIP TO Q.36

35. During the past year, how often has the (COMPUTER WILL RESTORE)-year-old child worn a bicycle helmet when riding a bicycle? Would you say...READ 1-5

Always	1	55
Nearly Always	2	1.69
Sometimes	3	
Seldom	4	
Or never	5	

Never rides a bicycle	6(8)	
Don't know/Not sure	7	
Refused	8(9)	

36. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?
READ 1-6

Within the past month (0 to 1 month ago)	1	56
Within the past 6 months (1 to 6 months ago)	2	1.70
Within the past year (6 to 12 months ago)	3	
One or more years ago	4	
Never	5	

No smoke detectors in home	6	
Don't know/Not sure	7	
Refused	8(9)	

SECTION 7: TOBACCO USE

37. Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes.)

Yes	1	57
No	2	1.71
GO TO Q.47 <----- Don't know/Not sure	3(7)	
Refused	4(9)	

38. Do you smoke cigarettes now?

Yes	1	58
GO TO Q.46 <----- No	2	1.72
GO TO Q.47 <----- Refused	3(9)	

39. On how many of the past 30 days did you smoke cigarettes?

SKIP TO Q.46 <-----	None	88	59-60
	Don't know/Not sure	77	1.75(2)
	Refused	99	

IF LESS THAN 30, SKIP TO Q.41

40. On the average, about how many cigarettes per day do you now smoke? NOTE :
1 PACK = 20 CIGARETTES

61-62
2.7(2)

Don't know/Not sure	77
Refused	99

SKIP TO Q44

41. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? NOTE: 1 PACK = 20 CIGARETTES

63-64
2.11(2)

Don't know/Not sure	77
Refused	99

SKIP TO Q47

- 42-43. Blank

44. During the past 12 months, have you quit smoking for 1 day or longer?

65
2.15

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.47<-----	Don't know/Not sure	3(7)
	Refused	4(9)

- 45 What is the longest period of time that you have ever quit smoking?

290
2.16

Less than 3 months	1
3 to 6 months	2
6 months to 1 year	3
1 to 2 years	4
More than 2 years	5
Don't know	6(7)
Refused	7(9)

SKIP TO Q.47

46. About how long has it been since you last smoked cigarettes regularly, that is, daily? READ 1-7
ONLY IF NECESSARY

66-67
2.17(2)

Within the past month (0 to 1 month ago)	1
Within the past 3 months (1 to 3 months ago)	2
Within the past 6 months (3 to 6 months ago)	3
Within the past year (6 to 12 months ago)	4
Within the past 5 years (1 to 5 years ago)	5
Within the past 15 years (5 to 15 years ago)	6
15 or more years ago	7

Never smoked regularly	8(88)
Don't know/Not sure	9(77)
Refused	A(99)

SECTION 8: ALCOHOL

47. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

68
2.19

	Yes	1
	No	2
SKIP TO Q.53<-----	Don't know/Not sure	3(7)
	Refused	4(9)

48. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

69-71
2.21(3)

SKIP TO Q.51<-----	Don't know/Not sure	777
	Refused	999

49. ENTER CODE

Days per week	1
Days per month	2

2.24

50. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

72-73

2.27(2)

Don't know/Not sure	77
Refused	99

51. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

74-75
2.31(2)

None	88
Don't know/Not sure	77
Refused	99

52. During the past month, how many times have you driven when you've had perhaps too much to drink?

76-77

2.35(2)

None	88
Don't know/Not sure	77
Refused	99

SECTION 9: DEMOGRAPHICS

53. What is your age?

78-79

2.39(2)

Don't know/Not sure	07
Refused	09

54. What is your race? Would you say. . .READ 1-5

80

2.41

White	1
Black	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
or something else (SPECIFY:)	5

Don't know/Not sure	6(7)
Refused	7(9)

55. Are you of Spanish or Hispanic origin?

81

2.42

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

56. Are you. . .READ 1-6

82

2.43

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
Or a member of an unmarried couple	6

Refused	7(9)
---------	------

How many children live in your household who are. . . READ 58-69

57. Less than 5 years old? 83 2.44
58. 5 through 12 years old? 84 2.45
59. 13 through 17 years old? 85 2.46

One	1	1	1
Two	2	2	2
Three	3	3	3
Four	4	4	4
Five	5	5	5
Six	6	6	6
Seven or more	7	7	7
None	8	8	8
Refused	9	9	9

60. What is the highest grade or year of school you completed? READ 1-6 ONLY IF NECESSARY 86 2.47

Never attended school or kindergarten only	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6

Refused	9

61. Are you currently. . .READ 1-8 87 2.48

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
Homemaker	5
Student	6
Retired	7
Or unable to work	8

Refused	9

IF CODE 3-9, SKIP TO Q.65

62. What kind of business or industry do you work in? 99 = REFUSED 291-292 5.72(2)

IF CODE 2, Q.61, SKIP TO Q.64

63. What is your job title? IF NO JOB TITLE, SAY: What type of work do you do?
88 = OWNER/PROPRIETOR/SELF-EMPLOYED. 99 = REFUSED 293-294
5.74(2)

64. IF CODE 2, Q.61, COMPUTER WILL SET CODE 88 INTO Q.61

65. Is your annual household income from all sources less than \$25,000?
IF YES, READ 1-4, IF NO, READ 5-8

88-89

*Is it less than \$10,000	1	2.51(2)
\$10,000 to less than \$15,000		2
\$15,000 to less than \$20,000		3
Or \$20,000 to less than \$25,000		4
*Is it 25,000 to less than \$35,000		5
\$35,000 to less than \$50,000		6
\$50,000 to less than \$75,000		7
Or is it \$75,000 or more	8	

Don't know/Not sure	9 (77)
Refused	A (99)

66. About how much do you weigh without shoes? ROUND FRACTIONS 90-92
UP. 2.54(3)

Don't know/Not sure	777
Refused	999

67. About how tall are you without shoes? ROUND FRACTIONS DOWN 93-95
2.58(3)

Don't know/Not sure	777
Refused	999

70. What county do you live in? (73 = DON'T KNOW, 74 = REFUSED) (777, 999)

96-98
2.62(3)

Adams	01	Grays Harbor	27	Pierce	53
Asotin	03	Island	29	San Juan	55
Benton	05	Jefferson	31	Skagit	57
Chelan	07	King	33	Skamania	59
Clallam	09	Kitsap	35	Snohomish	61
Clark	11	Kittitas	37	Spokane	63
Columbia	13	Klickitat	39	Stevens	65
Cowlitz	15	Lewis	41	Thurston	67
Douglas	17	Lincoln	43	Wahkiakum	69
Ferry	19	Mason	45	Walla Walla	71
Franklin	21	Okanogan	47	Whatcom	73
Garfield	23	Pacific	49	Whitman	75
Grant	25	Pend Oreille	51	Yakima	77

74. What is your zip code? If needed say: I mean the zipcode of your residence, that is where you live.

9 _____
9999= DON'T KNOW/REFUSED

295-299
2.65(4)

75. Do you own or rent your home

Own 1
Rent 2
Refused 3(9)

300
2.69

76. How long have you lived at your current address? READ 1-5 ONLY IF NECESSARY

301

Less than six months (1 to 6 months)	1	2.70
Less than one year (6 to 12 months)	2	
Less than two years (1 to 2 years)	3	
Less than five years (2 to 5 years)	4	
Five or more years	5	

Don't know/Not sure	6(7)	
Refused	7(9)	

77. Do you have more than one telephone number in your household?

99
2.71

	Yes	1
SKIP TO Q.80 <-----	No	2
SKIP TO Q.80 <-----	Refused	(9)

78. How many residential telephone numbers do you have? 8 = 8 OR MORE

100
2.72

Refused _____ 9

80. Now I have some questions about other health services you may have received.

RECORD GENDER ASK ONLY IF NECESSARY

101
2.73

SKIP TO Q.97 <-----	Male	1
	Female	2

SECTION 10: WOMEN'S HEALTH

81. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

102
2.74

SKIP TO Q.85 <-----	Yes	1
	No	2
	Don't know/Not sure	3(7)
	Refused	4(9)

82. How long has it been since you had your last mammogram? READ 1-5 ONLY IF NECESSARY

2.75

	Within the past year (1 to 12 months ago)	1
	Within the past 2 years (1 to 2 years ago)	2
	Within the past 3 years (2 to 3 years ago)	3
	Within the past 5 years (3 to 5 years ago)	4
SKIP TO Q.84 <-----	5 or more years ago	5

	Don't know/Not sure	6(7)
	Refused	7(9)

83. About how many mammograms have you had in the last five years?

104-105
3.7(2)

None	88
Don't know/Not sure	77
Refused	99

84. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

106
3.9

Routine checkup	1
Breast problem other than cancer	2
Had breast cancer	3
Don't know/Not sure	4(7)
Refused	5(9)

85. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? 107
3.10
- | | | | |
|---------------------|---------------------|------|--|
| | Yes | 1 | |
| | No | 2 | |
| SKIP TO Q.88 <----- | Don't know/Not sure | 3(7) | |
| | Refused | 4(9) | |
86. How long has it been since your last breast exam? READ 1-5 ONLY IF NECESSARY 108
3.11
- | | | |
|--|------|--|
| Within the past year (1 to 12 months ago) | 1 | |
| Within the past 2 years (1 to 2 years ago) | 2 | |
| Within the past 3 years (2 to 3 years ago) | 3 | |
| Within the past 5 years (3 to 5 years ago) | 4 | |
| 5 or more years ago | 5 | |
| ----- | | |
| Don't know/Not sure | 6(7) | |
| Refused | 7(9) | |
87. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? 109
3.12
- | | | |
|----------------------------------|------|--|
| Routine Checkup | 1 | |
| Breast problem other than cancer | 2 | |
| Had breast cancer | 3 | |
| Don't know/Not sure | 4(7) | |
| Refused | 5(9) | |
88. Have you ever examined your own breasts for lumps? 302
3.13
- | | | | |
|---------------------|---------------------|------|--|
| | Yes | 1 | |
| | No | 2 | |
| SKIP TO Q.92 <----- | Don't know/Not sure | 3(7) | |
| | Refused | 4(9) | |
89. About how often do you examine your breasts for lumps? 303-305
3.15(3)
- | | | |
|-----------------------|-----|--|
| Less than once a year | 555 | |
| Don't know/Not sure | 777 | |
| Refused | 999 | |
90. ENTER CODE Times per day 1 3.18
Times per week 2
Times per month 3
Times per year 4

91. When did you last do such a breast self-examination?

READ 1-6 ONLY IF NECESSARY

306
3.19

Within the past 6 months	1
Within the past 6 to 12 months (past year)	2
Within the past 2 years (1 to 2 years ago)	3
Within the past 3 years (2 to 3 years ago)	4
Within the past 5 years (3 to 5 years ago)	5
Five or more years ago	6

Don't know/Not sure	7
Refused	8(9)

92. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

110
3.20

SKIP TO Q.95 <-----	Yes	1
	No	2
	Don't know/Not sure	3(7)
	Refused	4(9)

93. How long has it been since you had your last Pap smear? READ 1-5 ONLY IF NECESSARY

111
3.21

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5

Don't know/Not sure	6(7)
Refused	7(9)

94. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

112
3.22

Routine exam	1
Check current or previous problem	2
Other	3
Don't know/Not sure	4(7)
Refused	5(9)

95. Have you had a hysterectomy? IF NEEDED: A hysterectomy is an operation to remove the uterus (womb)

113
3.23

SKIP TO Q.97 <-----	Yes	1
	No	2
	Don't know/Not sure	3(7)
	Refused	4(9)

IF AGE 45 OR OLDER, Q.53, SKIP TO Q.97

96.	To your knowledge, are you now pregnant?		114
	Yes	1	3.24
	No	2	
	Don't know/Not sure	3(7)	
	Refused	4(9)	

SECTION 11: IMMUNIZATION

97.	During the past 12 months, have you had a flu shot?		115
	Yes	1	3.25
	No	2	
	Don't know/Not sure	3(7)	
	Refused	4(9)	

98.	Have you ever had a pneumonia vaccination?		116
	Yes	1	3.26
	No	2	
	Don't know/Not sure	3(7)	
	Refused	4(9)	

IF AGE 39 OR YOUNGER, SKIP TO Q.103

SECTION 12: COLORECTAL CANCER

99.	A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?		117
	Yes	1	3.27
	SKIP TO Q.101 <----- No	2	
	SKIP TO Q.101 <----- Don't know/Not sure	3(7)	
	SKIP TO Q.101 <----- Refused	4(9)	

100.	When did you have your last digital rectal exam? READ 1-4 ONLY IF NECESSARY		118
	Within the past year (1 to 12 months ago)	1	3.28
	Within the past 2 years (1 to 2 years ago)	2	
	Within the past 5 years (2 to 5 years ago)	3	
	5 or more years ago	4	

	Don't know/Not sure	5(7)	
	Refused	6(9)	

101. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?

119
3.29

	Yes	1
SKIP TO Q.103 <-----	No	2
SKIP TO Q.103 <-----	Don't know/Not sure	3(7)
SKIP TO Q.103 <-----	Refused	4(9)

102. When did you have your last proctoscopic exam? READ 1-4 ONLY IF NECESSARY

120

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4

3.30

Don't know/Not sure	5(7)
Refused	6(9)

IF AGE 65 OR OLDER, SKIP TO Q. 124

SECTION 13: HIV/AIDS

103. The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

121-122
3.31(2)

First grade	1
Second grade	2
Third grade	3
Fourth grade	4
Fifth grade	5
Sixth grade	6
Seventh grade	7
Eight grade	8
Ninth grade (freshman)	9
Tenth grade (sophomore)	A
Eleventh grade (junior)	B
Twelfth grade (senior)	C
Kindergarten	D(55)
Never	E(88)
Don't know/Not sure	F(77)
Refused	G(99)

104. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

Yes	1	123
No	2	3.33
Would give other advice	3	
Don't know/Not sure	4(7)	
Refused	5(9)	

105. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say. .
.READ 1-4

High	1	124	
Medium	2		3.34
Low	3		
Or None	4		

Not applicable	5		
Don't know/Not sure	6(7)		
Refused	7(9)		

SKIP TO Q.110<-----

106. Have you ever had your blood tested for HIV?

Yes	1	125
No	2	3.35
Don't know/Not sure	3(7)	
Refused	4(9)	

SKIP TO Q.110<-----

107. Have you donated blood since March 1985?

Yes	1	126
No	2	3.36
Don't know/Not sure	3(7)	
Refused	4(9)	

SKIP TO Q.116 <-----

SKIP TO Q.116 <-----

SKIP TO Q.116 <-----

When did you last donate blood?

108. Month 127-130
3.39(2)

109. Year 3.43(2)

Don't know/Not sure	7777
Refused	9999

SKIP TO Q.116

When was your last blood test for HIV?

110. Month 131-134
3.47(2)

111. Year 3.51(2)

Don't know/Not sure	7777
Refused	9999

112. What was the main reason you had your last blood test for HIV?

READ 1-G ONLY IF NECESSARY

135-136

- | | | |
|---|-------|---------|
| For hospitalization or surgical procedure | 1 | 135-136 |
| To apply for health insurance | 2 | 3.53(2) |
| To apply for life insurance | 3 | |
| For employment | 4 | |
| To apply for a marriage license | 5 | |
| For military induction or military service | 6 | |
| For immigration | 7 | |
| Just to find out if you were infected | 8 | |
| Because of referral by a doctor | 9 | |
| Because of pregnancy | A | |
| Referred by your sex partner | B | |
| Because it was part of a blood donation process | C | |
| For routine check-up | D | |
| Because of occupational exposure | E | |
| Because of illness | F | |
| Other (SPECIFY:) | G(87) | |
| Don't know/Not sure | H(77) | |
| Refused | I(99) | |

113. Where did you have your last blood test for HIV? READ 1-J ONLY IF NECESSARY

137-138

- | | | |
|---|-------|---------|
| Private doctor, HMO | 1 | 137-138 |
| Blood bank, plasma center, Red Cross | 2 | 3.55(2) |
| Health department | 3 | |
| AIDS clinic, counseling, testing site | 4 | |
| Hospital, emergency room, outpatient clinic | 5 | |
| Family planning clinic | 6 | |
| Prenatal clinic | 7 | |
| Tuberculosis clinic | 8 | |
| STD clinic | 9 | |
| Community health clinic | A | |
| Clinic run by employer | B | |
| Insurance company clinic | C | |
| Other public clinic | D | |
| Drug treatment facility | E | |
| Military induction or military service site | F | |
| Immigration site | G | |
| At home, home visit by nurse or health worker | H | |
| At home using self-testing kit | I | |
| Other (Specify:) | J(87) | |
| Don't know/Not sure | K(77) | |
| Refused | L(99) | |

114. Did you receive the results of your last test?				139
	Yes	1		3.57
SKIP TO Q.116 <-----	No	2		
SKIP TO Q.116<-----	Don't know/Not sure	3(7)		
SKIP TO Q.116<-----	Refused	4(9)		

115. Did you receive counseling or talk with a health care professional about the results of your test?				140
	Yes	1		3.58
	No	2		
	Don't know/Not sure	3(7)		
	Refused	4(9)		

116. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say.. .READ 1-3				141
	Very effective	1		3.59
	Somewhat effective	2		
	Or not at all effective	3		

	Don't know how effective	4		
	Don't know method	5		
	Refused	6(9)		

117. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?				
	Yes	1		3.60
SKIP TO Q.121 <-----	No	2		
SKIP TO Q.121 <-----	Don't know/Not sure	3(7)		
SKIP TO Q.121<-----	Refused	4(9)		

Have you. . .READ 118-120

	Yes	No	Dk/Ns	Ref		
118. Had sexual intercourse with only one partner?	1	2	3 (7)	4 (9)	143	3.61
119. Used condoms for protection?	1	2	3 (7)	4 (9)	144	3.62
120. Been more careful in selecting sexual partners?	1	2	3 (7)	4 (9)	145	3.63

STATE ADDED

121. In the last 12 months, how many people have you had sex with? By sex, we mean vaginal, oral or anal sex?					307-308
					3.66(2)
SKIP TO Q.124 <-----	None	88			
	Don't know/Not sure	77			
	Refused	99			

122. The last time you had sex, did you or your partner use a condom?			309 3.68
Yes	1		
No	2		
Don't know/Not sure	3(7)		
Refused	4(9)		
123. The last time you had sex, was it with someone you were in an ongoing relationship with (such as a spouse or steady partner) or was it with someone else?			310 3.69
On-going relationship	1		
Someone else	2		
Don't know/Not sure	3(7)		
Refused	4(9)		
124. Have you ever heard of or read about chlamydia (cla - mid -e -ah) infections?			311 3.70
Yes	1		
SKIP TO Q.126 <----- No	2		
Don't know/Not sure	3(7)		
Refused	4(9)		
125. Please tell us if you think the following statement is true or false? "An untreated chlamydia infection can result in not being able to have babies"?			312 3.71
True	1		
False	2		
Don't know/Not sure	3(7)		
Refused	4(9)		

126. IF 65 OR OLDER: Next is a question on educating children about certain kinds of health risks.

127. IF 18-64: Next is another question on educating children about certain kinds of health risks.

At what grade level do you think a child should begin venereal disease or sexually transmitted disease education in school?

		313-314	4.5(2)
128.	First grade	1	
	Second grade	2	
	Third grade	3	
	Fourth grade	4	
	Fifth grade	5	
	Sixth grade	6	
	Seventh grade	7	
	Eight grade	8	
	Ninth grade (freshman)	9	
	Tenth grade (sophomore)	A	
	Eleventh grade (junior)	B	
	Twelfth grade (senior)	C	
	Kindergarten	D(55)	
	Never	E(88)	
	Don't know/Not sure	F(77)	
	Refused	G(99)	

129. Now, on a different topic, have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH

146
4.7

	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
SKIP TO Q.135 <----	No, neither	4
SKIP TO Q.135 <----	Don't know/Not sure	5(7)
SKIP TO Q.135<----	Refused	6(9)

130. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? "YES" INCLUDES OCCASIONAL USE

147
4.8

	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
	No, neither	4
	Don't know/Not sure	5(7)
	Refused	6(9)

131. IF STILL USING: About how long have you been using smokeless tobacco products?
777 = DON'T KNOW/NOT SURE, 999 = REFUSED

315-317
4.10(3)
4.13

132. ENTER: Months 1 Years 2 Other 3 _____

133. IF USED: About how long did you use smokeless tobacco products? 318-320
777 = DON'T KNOW/NOT SURE, 999 = REFUSED 4.15(3)
4.18

134. ENTER: Months 1 Years 2 Other 3 _____

. IF CODE 1, YES, Q.5, HAVE INSURANCE, CONTINUE
ALL OTHERS, SKIP TO Q.137

135/ Earlier you said you had some kind of health care coverage, or insurance.

136 What type of health care coverage do you have? PROBE: Any others? 321-324

UP TO 2 RESPONSES

5.68(2)*2

Basic Plan (State plan)	1
HMO Insurance such as Group Health or Kaiser	2
Indian Health Service	3
Medicare	4
Medicaid	5
Private insurance such as Blue Cross/Blue Shield or through an employer or union	6
Champus/VA/Military	7
Other (SPECIFY:)	8
Don't know/Not sure	9(77)
Refused	A(99)

137. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are
sick or need advice about your health? 325
4.22

SKIP TO Q.140 <-----Yes	1
CONTINUE <-----More than one place	2
SKIP TO Q.139 <-----No	3
SKIP TO Q.140 <-----Don't know/Not sure	4(7)
SKIP TO Q.140 <-----Refused	5(9)

138. Is there one of these places that you go to most often when you are sick or need advice about your health? 326

Ye	1	4.23
No	2	
Don't know/Not sure	3(7)	
Refused	4(9)	

SKIP TO Q.140

139. What is the main reason you do not have a usual source of medical care?

327-328
4.24(2)

- | | |
|---|-------|
| Two or more usual places | 1 |
| Have not needed a doctor | 2 |
| Do not like/trust/believe in doctors | 3 |
| Do not know where to go | 4 |
| Previous doctor is not available/moved | 5 |
| No insurance/cannot afford | 6 |
| Speak a different language | 7 |
| No place is available/close enough/convenient | 8 |
| Other (SPECIFY:) | 9 |
| Don't know/Not sure | A(77) |
| Refused | B(99) |

140. How long has it been since you last visited the dentist or a dental clinic?

253
4.26

- | | | |
|---------------------|--|------|
| SKIP TO Q.142 <---- | Within the past year (1 to 12 months ago) | 1 |
| | Within the past 2 years (1 to 2 years ago) | 2 |
| | Within the past 5 years (2 to 5 years ago) | 3 |
| | 5 or more years ago | 4 |
| | Never | 5(8) |
| SKIP TO Q.142 <---- | Don't know/not sure | 6(7) |
| SKIP TO Q.142 <---- | Refused | 7(9) |

141. What is the main reason you have not visited the dentist in the last year?

READ 1-8 ONLY IF NECESSARY

254-255
4.27(2)

- | | |
|--|-------|
| Fear, apprehension, nervousness, pain, dislike going | 1 |
| Cost | 2 |
| Do not have/know a dentist | 3 |
| Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 4 |
| No reason to go/Have no problems/No teeth | 5 |
| Other priorities | 6 |
| Have not thought of it | 7 |
| Other (SPECIFY:) | 8 |
| Don't know/Not sure | A(77) |
| Refused | B(99) |

142. How many of your permanent teeth have been removed because of tooth decay or gum disease?

Do not count teeth lost for other reasons, such as injury or orthodontics.

256
4.29

- | | |
|---------------------|------|
| 5 or fewer | 1 |
| 6 or more (not all) | 2 |
| All | 3 |
| None | 4(8) |
| Don't know | 5(7) |
| Refused | 6(9) |

143. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

Yes	1	4.30
No	2	
Don't know/not sure	3(7)	
Refused	4(9)	

ASK IF CHILDREN 0-4 YEARS in HOUSEHOLD Q.57 CODE 1-5

144. Earlier in the survey, you noted there were (COMPUTER WILL RESTORE) number of children under the age of 5 in your household. These next few questions ask about immunizations for young children.

First, would you say you are or are not well informed about what immunizations or shots a child should receive by two years of age?

	329	
Yes, are informed	1	4.31
No, are not informed	2	
Child doesn't need them	3	
Don't know/Not sure	4(7)	
Refused	5(9)	

145. Have you or another person in your household ever had any problems in getting the child(ren) in your household immunized?

330
4.32

Continue <-----Yes	1
SKIP TO Q.153 <-----No	2
SKIP TO Q.153 <-----Doesn't need them	3
SKIP TO Q.153 <-----Don't know, not primary person in household with responsibility for this	4
SKIP TO Q.153 <-----Refused	5(9)

146/ What problems have you or they had in getting the child's/children's shots
152 or immunizations? UP TO 7 RESPONSES

331-344
4.33(2)*7

Don't know where to go	1
Cost	2
No insurance	3
No transportation	4
Can't get off from work	5
Child always sick	6
Afraid child will get sick from the shot	7
Family or others told me not to get shot	8
Worried about legal status in state or US	9
Language barrier/problem	A
Other (SPECIFY:)	B
Don't know/Not sure	C(77)
Refused	D(99)

153. On a slightly different topic, please think back over the past two weeks and tell me if you yourself have had **any** of the following conditions: itchy, irritated, or watery eyes; blocked, itchy, runny nose or attacks of sneezing; a sore or dry throat?

345

4.47

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

154. Again, during the past two weeks have you had **any** of the following: a cough; chest wheezes or whistling sounds; chest tightness; periods of difficulty breathing or shortness of breath?

346

4.48

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

155. During the past two weeks have you had any headaches?

347

4.49

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

156. During the past two weeks, have you had dermatitis (der-ma-tie'-tis), eczema (ex'-a-ma), or any other red, inflamed skin rash?

348

4.50

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

157. During the past two weeks, have you had any nausea?

349

4.51

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

158. The next few questions are about hunger, or not having enough food to eat. In the past 30 days, have you been concerned about having enough food for you or your family?

350

4.52

Yes	1
No	2
Don't know/Not sure	3(7)
Refused	4(9)

159. In the past 30 days, did you skip any meals because there wasn't enough food or money to buy food?

351
4.53

SKIP TO Q.162 <-----	Yes	1
	No	2
	Don't know/Not sure	3(7)
	Refused	4(9)

160. In the past 30 days, were there any days you did not eat at all because there wasn't any food or money to buy food?

352
4.54

SKIP TO Q.162 <-----	Yes	1
	No	2
	Don't know/Not sure	3(7)
	Refused	4 (9)

161. For how many days in the past 30 days did you not eat at all? 77 = DON'T KNOW, 99 = REFUSED

353-354
4.57(2)

162. The questions that follow are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, pellet or BB guns.

READ IF NECESSARY: Sometimes the use of firearms can lead to injury, which is a health problem.

Are any firearms now kept in or around your home? Include those kept in your home, in a garage, outdoor storage area, truck or car.

SKIP TO Q.182 <-----	Yes	1	355
	No	2	4.59
	Don't know/Not sure	3(7)	
	Refused	4(9)	

163. Is there one or more than one firearm?

356

One	1	4.60
More than one	2	
Don't know	3(7)	
Refused	4(9)	

164. What kind of firearm is it?
165/ What kind of firearms are they? UP TO 4 RESPONSES 357-360
168. 4.62*4

Handgun/Pistol/Revolver	1
Shotgun	2
Rifle	3
Other (SPECIFY:)	4
Don't know	5(7)
Refused	6(9)

169. COMBINES Q.164 INTO Q.165

170. Which statement best describes the PLACE the firearm is kept?
171 Which statement best describes the places the firearms are kept? 361
172 4.68

(All)/(The) firearm(s) (are)/(is) kept in a LOCKED PLACE(s), such as a drawer(s), cabinet(s), or closet(s)	1
(One or more)/(The) firearm(s) (are)/(is) kept in an UNLOCKED PLACE(S)	2
Don't know	3(7)
Refused	4(9)

173. Which statement best describes the WAY the firearm is kept? READ 1-4
174/ Which statement best describes the WAY the firearms are kept? READ 1-4 362
176. 4.70

SKIP TO Q.182 <----- (Is it)/(Are they) taken apart	1
Kept with a trigger lock or other locking mechanism	2
Kept assembled without a locking mechanism	3
Or some other way (SPECIFY:)	4

Don't know	5(7)
Refused	6(9)

**NOTE: IF CODE 2, ASK: The gun itself is locked, is that correct?

177. COMPUTER WILL COMBINE Q.173 INTO Q.174.

178. (Are)/(Is) the firearm(s) kept loaded or unloaded? 363
179. 4.75

One or more Loaded/Loaded	1
All are kept unloaded/Unloaded	2
Don't know	3(7)
Refused	4(9)

181. Excluding firearms you carry because of work, have you carried a loaded firearm on your person outside the home for protection during the past 30 days? 364
5.5
- | | |
|---------------------|------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3(7) |
| Refused | 4(9) |
182. These final questions ask about the quality of the environment in your community. I'm going to read you a list of items and for each item, I'd like you to tell me if, in your opinion, it is a problem in your community.
183. First, outdoor air quality. Is this a problem in your community? 365
5.7
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
184. Is drinking water quality a problem in your community? 366
5.8
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
185. Hazardous waste sites? IF NEEDED: Is this a problem in your community? 367
5.9
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
186. Wastewater management, such as septic tanks or sewage treatment facilities?
IF NEEDED: Is this a problem in your community? 368
5.10
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |

187. Pesticide use and control? IF NEEDED: Is this a problem in your community? 369
5.11
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
188. Solid waste management such as garbage or trash? 370
IF NEEDED: Is this a problem in your community? 5.12
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
189. IF EMPLOYED, CODE 1-2, Q.61: Hazards in your workplace? IF NEEDED: Is this
a problem in your workplace? 371
5.13
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
190. Finally, how about air quality inside your home? Is this a problem in your home? 372
5.14
- | | |
|--------------------------|------|
| Yes | 1 |
| Yes, somewhat/Some times | 2 |
| No | 3 |
| Don't know/Not sure | 4(7) |
| Refused | 5(9) |
191. That's my last question. Everyone's answers will be combined to give us information about the
health practices of people in this state. Thank you very much for your time and cooperation.

	Col. #	Gilmore #
193. FIPS code	1-2	5.18(2)
194. STRATUM CODE	3	5.20
196. AREA CODE	18-20	5.22(3)
197/198. PHONE NUMBER	21-25	5.26(5)
201. TOTAL HOUSEHOLD MEMBERS	29-30	5.35(2)
202. TOTAL WOMEN	32	5.39(2)
203. TOTAL MEN	31	5.43(2)
205. ID#	16-17	5.47(3)
206. DAY OF WEEK		
209. CI 2 NUMBER/PSU	4-8	
210. TIME		
211/212. DATE	10-15	5.55(6)
215. RECORD NUMBER	9	5.61
216. COMPLETE CODE	26-27	5.64(2)
218. ATTEMPT		
219. Is this supplemental sample?		Yes 1 5.67 No 2 .

CDC Modules used as State-Added Questions:

MODULE 1	SMOKELESS TOBACCO	-COMPLETE
MODULE 3	DIABETES -	NOT COMPELTE
MODULE 8	HEALTH CARE UTILIZATION-	NOT COMPLETE
MODULE 9	ORAL HEALTH-	COMPLETE

State added questions start at 275 and end at 372.